

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

N.J. Statewide Family Centered HIV Care Network  
Special Child Health and Early Intervention Services

**STATUTORY AUTHORITY:**

Public Health Service Act, Sec. 2671 42USC300  
P.L. 101-381 Ryan White Title IV

**GRANT PROGRAM NO.** 06-65-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide comprehensive, culturally sensitive, coordinated care for infants, children, youth, women and families with HIV infection. Family referrals are made to appropriate medical and community-based care organizations. This will assure access to medical and social services for families without adequate resources.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State or Federal Appropriations. It is expected that 7 grants will be supported. Approximately \$2,000,000 is awarded annually. The grant period is from August 1, 2005 to July 31, 2006.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES THAT MAY APPLY FOR THE GRANT PROGRAM:**

Public and private non-private hospitals, health care agencies with experience in managing HIV infected infants, children, women and families in New Jersey. Priority will be given to existing regional/affiliate Network agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must meet criteria for funding available from the program. Preference will be given to continuation of existing applicants who have performed satisfactorily. If additional/supplemental funds become available, agencies meeting program criteria will be solicited for participation through the RFP process.

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**APPLICATION PROCEDURES:**

Applicant must be capable of meeting certain criteria established by program, which is available upon request from the address listed below.

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**FOR INFORMATION CONTACT:**

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Special Child Health and Early Intervention Services  
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Trenton, NJ 08625-0364

**TELEPHONE:** (609) 777-7778

**FAX:** (609) 292-9288

**E-MAIL:** Jane.Caruso@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application deadline is May 1, 2005 for funding August 1, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of award will be made on or about July 15, 2005.